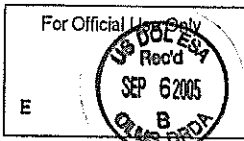


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1384</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>KEVIN B DOUGHERTY</u> P.O. Box, Bldg., Room No., if any Street <u>18905 MONASTERY RD.</u> City <u>EAGLE RIVER</u> State <u>ALASKA</u> ZIP Code + 4 <u>99577</u>	4. Name, file number, and address of labor organization. Name <u>Alaska STATE DIST. COUNCIL OF LABORERS</u> Labor Organization File Number <u>509888</u> P.O. Box, Building and Room Number, if any Street <u>2501 COMMERCIAL DR.</u> City <u>ANCHORAGE</u> State <u>AK</u> ZIP Code + 4 <u>99501</u>
5. Position in labor organization. <u>GENERAL COUNSEL</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/26/05</u> Date	<u>907.276-1640</u> Telephone Number

Name of Person Filing

KEVIN B. DOUGHERTY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS Health + Safety FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 915 16th ST. NWCity WASHINGTONState D.C. ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

UNION HEALTH + SAFETY ORGANIZATION  
DINNER AT RESTAURANT.11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

2/4/04 WHILE I DO NOT RECALL THE  
LH+SF PAYING THE RESTAURANT  
RECEIPT FOR THIS DINNER, THE LH+SF  
INDICATES THAT IT PAID FOR  
THIS DINNER FOR A DIST. COUNCIL  
MEETING DINNER.12.b. Amount. \$71.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

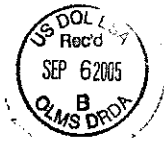
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

# ALASKA STATE DISTRICT COUNCIL OF LABORERS



Laborers International Union of North America, AFL-CIO

2501 Commercial Drive, Suite 140  
Anchorage, Alaska 99501 • 907/276-1640  
Fax: 907/274-0570 • e-mail: asdcl@acsalaska.net

Laborers Local 942  
Tim Sharp, Business Manager

Laborers Local 341  
Mike Gallagher, Business Manager

Public Employees Local 71  
Jim Ashton, Business Manager

**Blake Johnson**  
Business Manager/Secretary Treasurer

**Jim Ashton**  
President

August 30, 2005

U.S. Department of Labor  
ESA-OLMS  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

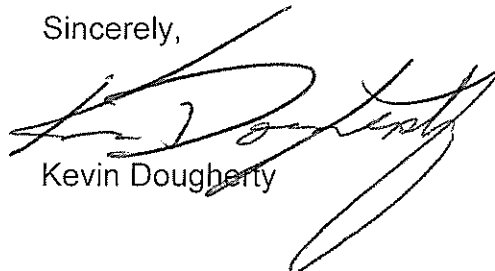
Dear OLMS:

Enclosed is my LM-30 form for 2004. Prior to August 15, 2005 I had no record of a (February 2004 dinner) reportable expense; hence this form is filed at this date.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have neither documentary record nor any present specific recollection.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,



Kevin Dougherty

KD/th.LM-30Filing